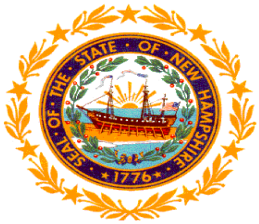

State of New Hampshire
Department of Health and Human Services
Division of Community Based Care Services
Bureau of Elderly and Adult Services

SFY 2011 Case Management Program Evaluation

Life Coping, Inc.

November 2010

Prepared by:

Division of Community Based Care Services
Quality Management

January 2012

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Executive Summary

The Division of Community Based Care Services (DCBCS,) in its commitment to the principles and activities of quality management established a division wide quality management philosophy and infrastructure which included a Quality Leadership Team, facilitated by the Deputy Director, and which is comprised of representatives from the DCBCS bureaus. A number of performance indicators were identified that address either system performance, safety, participant safeguards, participant outcomes and satisfaction, provider capacity, or effectiveness.

One of these performance indicators was to perform annual site visits of the independent case management agencies for the purposes of assuring that the home and community based care elderly and chronically ill waiver program participants' service plans were appropriate, person-centered, that the delivery of services was timely and that the case management agencies had the capacity and capability to deliver or access the services identified in the participants' service plans. This task was subsequently included in the 2007 application for the Home and Community Based Care – Elderly and Chronically Ill waiver as a component of the quality management section of the waiver and is identified as a performance measure for several quality management assurances.

The first annual program evaluation reviews for the five independent case management agencies were completed in May and June of 2009 and were based on the Targeted Case Management Services rule, He-E 805, which was adopted effective August 26, 2008. Program evaluation protocol and a review instrument were developed by a committee that included BEAS staff and which were shared and discussed with the five licensed case management agencies that served participants in the HCBC-ECI waiver program, also known as the Choices for Independence (CFI) program.

The 2009 program evaluation focused on the required case management services of (1) developing a comprehensive assessment, (2) developing a comprehensive care plan and (3) monitoring the services provided to the Elderly and Chronically Ill waiver program participants. A sample of cases was reviewed by a team comprised of staff from the Bureau of Elderly and Adult Services (BEAS) state office, the DCBCS Quality Leadership Team and BEAS Adult Protective Services field staff. The sample size for each agency was determined through the use of a statistical program used by the Bureau of Behavioral Health in its annual eligibility and quality assurance reviews.

Each case management agency received a report that included the results for each of the 38 questions and, when applicable, recommendations for improvement. The agencies were required to submit a quality improvement plan that addressed each recommendation within sixty days of the receipt of its program evaluation report.

BEAS also committed itself to its own quality improvement activity by reviewing the 2009 case management program evaluation process, protocol and review instrument. The results were a reduced number of questions from 38 to 21, the use of a statistical application recommended by the National Quality Enterprise[1] consultants that identified a representative statewide sample for the SFY 2011 program evaluation, and the decision not to rate the timeliness and quality of initial assessments and initial care plans for those cases opened prior to the adoption of the rule, i.e., August 26, 2008, for the SFY 2011 program evaluations.

The protocol and instrument included a four point rating scale, as indicated below:

0	Not applicable, e.g., activity occurred prior to effective date of applicable rule
1	Does not meet minimal expectations, e.g., documentation is missing
2	Meets minimal expectations as established and described in rule
3	Exceeds minimal expectations, i.e., example of best practice

The goal for the initial case management program evaluation was to complete an evaluation on all five of the case management agencies within a few weeks in order to establish a baseline for each agency and for case management for the CFI waiver program as a whole. Going forward, it is anticipated that a complete case management program evaluation will be held annually with each agency that provides case management services to CFI participants. It is anticipated the program evaluation protocols will expand to address additional components of the Targeted Case Management rule, include other pertinent questions and a financial component. These are the goals of the 2010-2011 BEAS Case Management Program Evaluation scheduled bi-monthly from September 2010 through April 2011.

[1] The National Home and Community-Based Services Quality Enterprise (NQE) provides technical assistance on quality to state Medicaid home and community-based services programs (HCBS) and to federal government staff responsible for overseeing these programs.

The NQE is funded by the Centers for Medicare and Medicaid Services (CMS.) under a grant to the Healthcare Business of Thomson Reuters. Professionals from Thomson Reuters and the Human Services Research Institute staff the NQE, along with consultants from other organizations.

Scope and Methodology

A report of participants in the Choices for Independence program as of the end of August 2010 was run which included cases that had been open for at least six months to allow time for a comprehensive assessment, a comprehensive case plan and for services to have been provided for at least a few months. Cases that were closed but had been closed for six months or less as of the end of August 2010 were also included.

A statistical application was used to identify a randomized and representative statewide sample that would yield a 5% confidence interval at the 95% confidence level. A proportionate sample was identified for each case management agency based on the statewide sample. See chart below:

	CFI population (as of the end of Aug. '10)	Statewide representative sample (5% confidence interval; 95% confidence level)	Proportionate sample of Life Coping, Inc. cases
Life Coping, Inc	869		115
Total population	2510	333	

The list of cases was distributed to Life Coping, Inc. approximately three weeks prior to its scheduled state fiscal year 2011case management program evaluation. The program evaluation began with a brief meeting that included introductions, review of the evaluation schedule and an introduction to Life Coping Inc.'s case record documentation system.

The program evaluation was completed within a week which included an exit meeting where reviewers' observations regarding the cases they reviewed were shared along with informal consultation regarding the agency's documentation system and case practice. The exit meeting included Life Coping Inc.'s management team and several members of the program evaluation team.

The program evaluation instrument was based on the three sections of the Targeted Case Management rule, i.e., He-E 805, as discussed in the Executive Summary. The program evaluation process, as was emphasized, is a quality management / quality improvement process with the expectation that each agency would produce a quality improvement plan that includes "the remedial action taken and/or planned including the date(s) action was taken or will be taken."[2]

[2] He-M 805.10(b)(4)

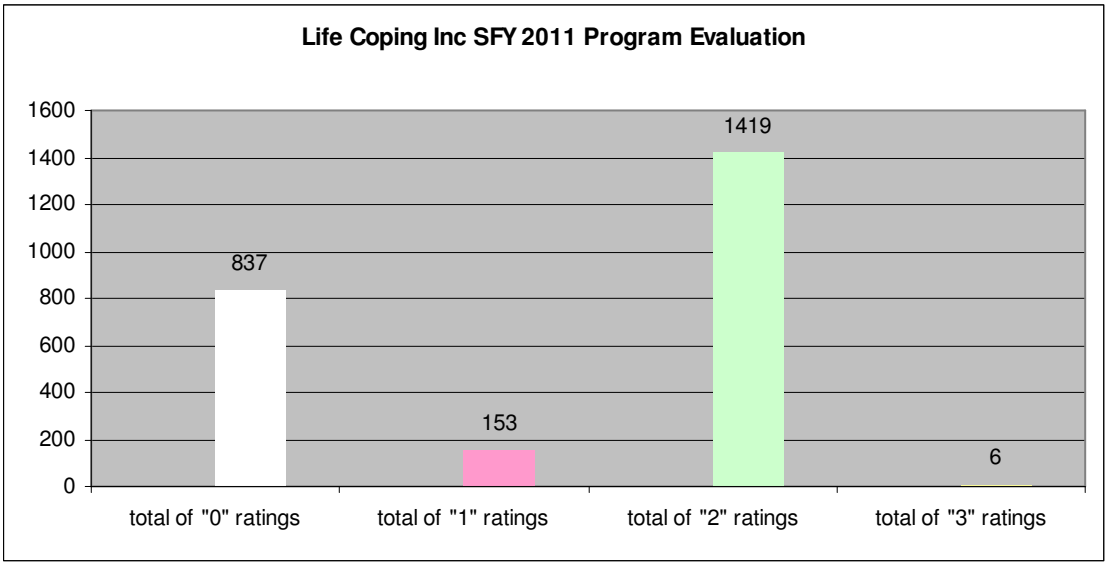
Findings and Observations

Preliminary observations were shared with Life Coping Inc. at the exit meeting held at the end of the program evaluation.

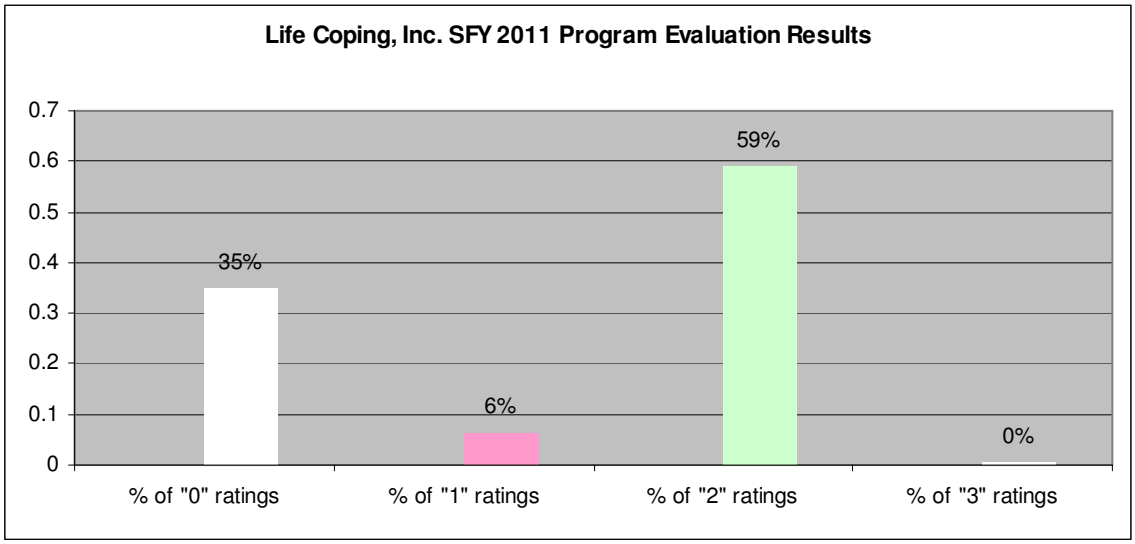
It was not possible to have gathered and assessed the data from all the case reviews for the exit meeting; the observations shared with the agency staff were a result of the daily and final wrap-up conversations with the program evaluation reviewers.

The ratings for each of the 20[3] questions are presented within the appropriate section of the report. Four questions[4] were rated for timeliness with one rated for both timeliness and quality (question #22) for a grand total of 21 ratings for each of the 115 cases.

Below and on the next page are two charts that illustrate the rating results with the majority of questions (59%) (1419) being rated as meeting minimal expectations, i.e., rating of "2", regarding the items in the He-E 805 Targeted Case Management rule. Six percent (153), of the total questions were rated as not meeting minimal expectations (rating of "1"), e.g., documentation is incomplete. Zero percent (6) of the total questions were rated as exceeding minimal expectations (rating of "3"), e.g. best practice.



[3] The Case Management Program Evaluation instrument was revised with several questions combined for a total of 21 questions for SFY 2011; there were 38 questions in the CY 2009's program evaluations.
[4] Questions #1, 11, 19 and 22.



Two questions addressing timeliness were rated as zero, indicating not applicable, when the items in question were developed prior to the August 2008 adoption of the Targeted Case Management Rule, He-E 805, and thus could not legitimately be rated. Ratings of zero were recorded for the following questions when a Choices for Independence case was opened prior to August 2008:

#	BEAS Case Management Program Evaluation
1	Comprehensive Assessment is conducted within 15 working days of assignment
11	Initial Care Plan is developed within 20 working days of assignment

The majority (82 or 71%) of the 115 cases reviewed were opened prior to the adoption of the He-E 805 rule with 33 (29%) opened after the adoption of the rule.

A zero rating was recorded for questions related to the initial comprehensive assessment (#2-9) for cases opened prior to August 2008. Question #19[5] was rated as zero for cases open less than one year at the time of the review; there were four.

The team leader recorded a zero rating when it was impossible to determine the reviewer's intent when an item was not rated or the rating appeared to be grossly inconsistent with ratings on related questions.

Reviewers were encouraged to include explanatory and helpful comments as they reviewed the cases; a table of their comments, categorized as indicators of "challenges/concerns" and "positive practices" are included in the appendix of this report.

[5] Question #19: Care is updated

Comparison with CY 2009 Program Evaluation

The May 2009 Life Coping, Inc. program evaluation results were similar to the November 2010 program evaluation results except for the number and percent of "0" ratings which, of course, effected the other ratings.

	CY 09	SFY 11
count of 0 ratings	266	837
count of 1 ratings	276	153
count of 2 ratings	2725	1419
count of 3 ratings	65	6
totals	3332	2415

	CY 09	SFY 11
% of 0 ratings	8%	35%
% of 1 ratings	8%	6%
% of 2 ratings	82%	59%
% of 3 ratings	2%	0%
totals	100%	100%

The CY 09 program evaluation reviewed 68 cases; the SFY 11 program evaluation sample was 115 cases.

The CY 09 program evaluation included 39 questions; the SFY 11 program evaluation included 21 questions by combining related questions and eliminating others that were determined not to be necessary.

The CY 09 program evaluation included 11 questions that were rated for both timeliness and quality (#19, 20, 21, 29, 30, 31, 33, 35, 36, 37, 38); the SFY 11 program evaluation included 1 question that rated both timeliness and quality (# 22).

The change in the SFY 11 program evaluation to not rate the comprehensive assessment questions (#1, 2, 3, 4, 5, 6, 7, 8 and 9) when cases were opened before the approval of the Targeted Case Management rule (He-E 805) resulted in more questions rated as zero and fewer rated as two.

The SFY 11 questions included five that were a combination of two or more questions from the CY 09 program evaluation and seven that were removed. See the appendix for the SFY 2011 program evaluation instrument.

	SFY 2011
1	Same question as CY 09
2	Same
3	Same
4	Same
5	Same
6	Same
7	Same
8	Same
9	Combined with #10
10	See #9
11	Same
12	Removed
13	Same
14	Combined with #15 and #33
15	See #14
16	Combined with #17
17	See #16
18	Same
19	Same
20	See #24
21	See #22
22	Combined with #21, 23, 32 and 38
23	See #21
24	Combined with # 20, 27 and 35
25	Same
26	Removed
27	See #24
28	Misnumbering; no #28
29	Same
30	Same
31	Removed
32	See #22
33	See #14
34	Removed
35	See #24
36	Removed
37	Removed
38	See #22
39	Removed

The SFY 2011 program evaluation included a review of the status of each agency's recommendations from its CY 2009 program evaluation and of the agency's policies and practices regarding BEAS state registry regulations.[6]

Recommendations

Based on the ratings and reviewer observations and comments, there are three recommendations made for Life Coping, Inc. to address in its quality improvement plan.

Comprehensive Assessment (questions #1-9)

The protocol the reviewers followed was to rate all the questions in this section only if the cases were opened on or after the rule was adopted in late August 2008.

		Questions								
		1	2	3	4	5	6	7	8	9
count of (0) ratings		83	83	83	83	83	83	83	83	83
count of (1) ratings		2	2	2	2	2	2	3	3	3
count of (2) ratings		30	30	30	30	30	30	29	29	29
count of (3) ratings		0	0	0	0	0	0	0	0	0
Total		115	115	115	115	115	115	115	115	115

This section assessed the timeliness of completing the initial comprehensive assessment (question #1) and whether each required section was adequately addressed. The comprehensive assessment is required to address a client's biopsychosocial history (#2), functional ability (#3), living environment (#4), social environment (#5) self-awareness (#6), assessment of risk (#7), legal status (#8) and community participation (#9).

Life Coping Inc.'s (LCI) comprehensive assessment instrument's content meets the requirement of He-E 805 and the vast majority were complete and well done. It was noted that a *Fall Risk Evaluation* is completed as part of LCI's Initial Assessment, annually and as needed.

LCI should revise its practice of not completing a new comprehensive assessment when a former client is readmitted to LCI, as the agency's practice is that a new case is opened and assigned to the same case manager, however the rule requirement is

[6] He-E 805.04(c): Case management agencies shall establish and maintain agency written policies and procedures regarding the following areas, and shall ensure that they are properly followed and enforced: (2) a process for confirming that each employee is not on the BEAS state registry established pursuant to RSA 161-F:49.

that a comprehensive assessment is to be completed within 15 working days of assignment.

When the "0" ratings (83) are eliminated from the total records reviewed (115), for questions #7, 8 and 9,[7] three records were rated as "1", not meeting minimal standards. The three records is 9% of the total records with ratings of "1", "2" or "3" (29). LCI should monitor the comprehensiveness of its assessments as some did not address legal status, risk for abuse or neglect and some cases did not explore clients' interests and desires regarding their community connections.

LCI Recommendation #1
LCI should revise its policy and practice of not requiring a new comprehensive assessment when a former client is readmitted to LCI, a new case is opened and assigned to the same case manager. The rule requires a comprehensive assessment is to be completed within 15 working days of case management assignment and does not include an exception for readmissions.

LCI Recommendation #2
LCI should provide training, enhance its supervision practices and/or more closely monitor the quality and completeness of its initial comprehensive assessments to ensure that the legal status, risk for abuse or neglect and clients' community participation are addressed.

Development of Care Plan (questions #11-19)

	Questions									
	10 addressed in #9	11	12 removed	13	14	15 addressed in #14	16	17 addressed in #16	18	19
count of (0) ratings		80		0	0		0	0	0	4
count of (1) ratings		1		89	3		16	0	17	2
count of (2) ratings		34		25	112		99	0	96	109
count of (3) ratings		0		1	0		0	0	2	0
Total		115		115	115		115	0	115	115

[7] Question #7: Risk, including potential for abuse, neglect or exploitation by self or others
Question #8: Legal status including guardianship, legal system involvement, advance directive
Question #9: Community participation including the client's need or expressed desire to access specific resources such as the library, educational programs, restaurants, shopping, medical providers and any other area identified by the client as being important to his/her life.

This section addressed:

- the timeliness of developing the initial (#11) and annual care plans (#19),
- whether care plans included client-specific measurable objectives and goals with timeframes (#13),
- whether care plans contained all the services and supports needed (#14),
- whether care plans addressed mitigating any risks for abuse, neglect, self-neglect and exploitation (#16), and
- whether care plans included contingency planning (#18).

Reviewers rated questions #13 through #18 based on the most current care plan which would be the initial care plan for cases opened less than a year or the most recent annually updated care plan for cases opened a year or more.

This section of questions proved to be the most challenging for LCI particularly question #13, and less so #16 and 18.

- Seventy seven percent (89) of the cases for question #13 were rated as one, does not meet minimal expectations, with only twenty-two percent (25) of the cases rated as two, meets minimal expectations.
- Fourteen percent (16) of the cases for question #16 were rated as not meeting minimal expectations, with eighty-six percent (99) of the cases rated as meeting minimal expectations.
- Fifteen percent (17) of the cases for question #18 were rated as not meeting minimal expectations, with eighty three percent (96) of the cases rated as meeting minimal expectations.

These results demonstrate a need for LCI to focus on case planning.

The Reviewer Comments' section includes many comments relative to the cases reviewed and though there were some care plans that provided evidence of positive practices relative to containing measurable, client-specific objectives and goals with timeframes (question #13), most care plans were deficient in either one or more of these components.

Question #14's results were excellent with 112 or 97% of the care plans containing the services and supports needed including paid and non-paid services though these positive results are somewhat in question given the challenges identified in question #13.

Question #16's results were good though 16 or 14% of the care plans either did not address areas of risk identified in progress notes, e.g., possible exploitation by a

client's roommate, or evidence was lacking of the assessment of potential areas of risk.

LCI is encouraged to read the extensive Reviewer's Comments' section regarding question #18, contingency planning, as a number of plans were not as comprehensive as some clients and the rule require. For example, one case record read that the client, who lives in her own home, does not have a contingency plan but there was no evidence that the case manager was working with the client to develop one. It is noted that LCI records contingency planning on its *Demographics Form* as well as the *Client-Centered Care Plan and Progress Notes* form.

Question #19's results were excellent with 109 or 95% of the care plans being updated annually as required.

LCI is encouraged to read the Reviewer's Comments' section for examples of both good practice and practice that is in need of improvement. The number of cases in which a comment was pertinent was provided.

Though the current rule does not require that clients be given a copy of their initial and annual case plans, LCI is encouraged to consider adopting this practice.

LCI Recommendation #3:
LCI should review its policy and practice regarding developing care plans, provide training, enhance its supervision practices and/or more closely monitor the quality and completeness of its care plans to ensure that care plans:

1. contain client-specific, measurable objectives and goals with timeframes;
2. contain services designed to mitigate identified risks for abuse, neglect, self-neglect and exploitation; and
3. contain comprehensive contingency plans that address alternative staffing and special evacuation needs.

Though LCI has demonstrated improvement from the 2009 Program Evaluation[8] regarding question #13, the agency must improve even more and thus is expected to enhance its monitoring of clients care plans to ensure that they met the criteria addressed in He-E 805.05(c) through its quality management record review process as described in He-E 805.10.

LCI has, however, achieved considerable improvement regarding question #18.[9]

[8] Question #13 results were 91% as not meeting expectations in 2009 and 77% in 2011.
[9] Question #18 results were 50% as not meeting expectations in 2009 and 15% in 2011.

III. Monitoring and Evaluation of the Care Plan (questions #22-25)

	20 addressed in #24	21 addressed in #22	22T	22Q	23 addressed in #22	24	25
			Questions				
count of (0) ratings			1	1	0	1	1
count of (1) ratings			0	2	0	0	2
count of (2) ratings			114	109	0	114	112
count of (3) ratings			0	3	0	0	0
Total			115	115		115	115

Reviewers rated contact and progress notes during the period under review, between October 1, 2009 – October 30, 2010, but focused primarily on the most current six months, i.e., April 2010 through early October 2010.

This section included three questions:

- the timeliness (#22T) and adequacy of contacts with clients, providers and/or family members (#22Q);
- whether services were adequate, appropriate and provided (#24); and
- whether there was evidence that the client was actively engaged in his/her care plan and the case manager was making efforts to engage his/her client (#25).

This section is a strength for LCI as its performance on the three questions was 95% and higher that expectations were met (rating of "2"). There were also three cases with ratings of "3" for question 22 regarding the quality of contacts between the case managers and clients. There are several positive practices noted in the Reviewer Comments' section including:

- the case manager made many home visits due to the severity of the client's condition; and
- the case manager has been very proactive seeking non-waiver services.

There are no recommendations for LCI regarding the monitoring and evaluation of the care plan section of the program evaluation.

IV. Provider Agency Requirements/Individual Case Record (questions # 29-30)

	29	30
count of (0) ratings	1	1
count of (1) ratings	0	0
count of (2) ratings	114	114
count of (3) ratings	0	0
Total	115	115

This section is also a strength for LCI as its performance is that expectations were met for both questions in this section for all cases.

There are no recommendations for LCI regarding the case record requirement section of the program evaluation.

Quality Management and State Registry

LCI had four recommendations as a result of its CY 2009 Program Evaluation and one suggestion. LCI was encouraged to:

1. enhance its monitoring of each case manager's care plan development to ensure that:
    a. there is evidence of person-centered planning,
    b. that care plans contain client-specific, measurable objectives with timeframes,
    c. that unfulfilled needs are addressed, and
    d. that contingency planning is adequate and appropriate to clients' circumstances.
2. enhance its oversight of each case manager's care plans and/or to provide training to ensure that:
    a. the services arranged for are appropriate and continue to meet the clients' needs,
    b. follow through occurs on issues presented, and
    c. there is evidence of collaboration and coordination with other service providers to ensure that clients' goals are being addressed effectively, appropriately and are not duplicative.
3. work with the Division of Family Assistance to establish a process that provides clients' Medicaid financial eligibility information including cost shares;
4. (suggestion) consider documenting their clients' Medicaid redetermination and Medicare Part D statuses to ensure that preparations for redeterminations and Part D enrollments are adequate and that deadlines are met; and

5. review its procedures regarding requesting relevant correspondence from clients' other providers to ensure that pertinent information is obtained and maintained in its clients' records.

Recommendation #5 does not address a requirement of the He-E 805 rule; the question was included in the program evaluation as "information only" and thus the resulting recommendation was optional for LCI and the other case management agencies to address. LCI also submits quarterly quality management reports, as required per He-E 805.10(a) and (b), that summarize the results of case record reviews and remedial action taken to address identified deficiencies.

LCI addressed #1, 2, 3, and 5 of the recommendations in the "Life Coping Inc.'s Quality Improvement Plan relative to the 2009 CM Program Evaluation Report" and provided copies of continuous quality improvement (CQI) team and all staff team meetings where CQI activities were addressed.

LCI offered its "New Employee Check List" as indication of its practice of checking the BEAS State Registry prior to a prospective employee's employment. DCBCS Quality Management later clarified that the case management agencies will not be held accountable for checking the Division for Child, Youth and Families registry as current statutes do not allow that access.

Conclusions / Next Steps

DCBCS and BEAS appreciate the opportunity to visit the Life Coping, Inc. agency and to gather information through a review of a number of the agency's case records. DCBCS and BEAS acknowledge that by hosting this program evaluation, LCI spent valuable work time gathering case records, being accessible for questions, and attending the initial and exit meetings with the program evaluation team. LCI staff were very gracious and accommodating.

The 2010/2011 program evaluation is the second designed to review the Targeted Case Management rule, He-E 805, and proved to be another valuable exercise as DCBCS and BEAS continue to work internally and with their stakeholders to improve the quality of the Choices for Independence waiver program and to successfully meet the assurances and subassurances required by the Center for Medicare and Medicaid Services (CMS) of its home and community based care waiver programs for the elderly and chronically ill.[10]

Life Coping, Inc. is expected to develop a quality improvement plan that includes the remedial action taken and/or planned including the date(s) action was taken or will be taken. The quality improvement plan should be submitted to DCBCS Quality Management at 129 Pleasant Street, Concord NH 03301 within sixty days of the receipt of this report.

[10] See the Appendix for the list of CMS Waiver Assurances and Subassurances

Appendices

Case Management Program Evaluation – Review Instrument

Reviewers' Comments / Observations

CMS (1915c) Waiver Assurances and Subassurances

Abbreviations

Case Management Program Evaluation – Review Instrument

Face Sheet

Case Management Agency

Name:
Address:
City/town:

Participant Name

First: Middle initial Last:

Participant (current) Living Arrangement

☐ own home
☐ adult family home
☐ assisted living facility (name of facility):
Check if client resides in one of these facilities: ☐ Meeting House ☐ Whitaker Place ☐ Summercrest
☐ congregate housing
☐ hospital (name of hospital):
☐ nursing facility (name of facility):
☐ residential care facility (name of facility):
☐ other:

Case Information

Participant's Medicaid #:
Participant's date-of-birth:
Participant's (current) Case Manager:
Date of referral to Case Management agency:
Date Case Management case closed:
Reason for case closure:

Program Evaluation Information:

Period under review (from previous annual program evaluation to date of current evaluation): to
Date of Review:
Reviewer First: Last: Agency / Position:

Findings / Ratings (enter # in white (un-filled) boxes)	
1	does not meet minimal expectations, e.g., documentation is missing
2	meets minimal expectations as established in rules
3	exceeds minimal expectations, i.e., example of best practice
0	does not apply

Rule References He-E 805 [He-E 801 He-E 819]		**Requirement / Topic**	Timeliness	Quality / appropriateness	**Comments** (required for ratings of #1 and #3)
805.05(b)		**I.** Comprehensive Assessment (builds on MED, needs list, support plan)			
805.05(b)	1	Comprehensive assessment is conducted within 15 working days of assignment Include date comprehensive assessment completed.	☐		
805.02(b) and 805.05(b)(2)(a)	2	Biopsychosocial history that addresses: • Physical health • Psychological health • Decision-making ability • Social environment (addressed in question #5) • Family relationships • Financial considerations • Employment • Avocational interests, activities, including spiritual • Any other area of significance in the participant's life (substance abuse, behavioral health, development disability, and legal systems)		☐	
805.05(b)(2)(b)	3	Functional ability including ADLs and IADLs		☐	
805.05(b)(2)(c)	4	Living environment including participant's in-home mobility, accessibility, safety		☐	

Rule References He-E 805 [He-E 801 He-E 819]		**Requirement / Topic**	Timeliness	Quality / appropriateness	**Comments** (required for ratings of #1 and #3)
805.05(b)(2)(d)	5	Social environment including social/informal relationships, supports, activities, avocational & spiritual interests		☐	
805.05(b)(2)(e)	6	Self-awareness including whether participant is aware of his/her medical condition(s), treatment(s), medication(s)		☐	
805.05(b)(2)(f)	7	Risk including potential for abuse, neglect or exploitation by self or others; identify whether a separate Risk Assessment has been completed		☐	
805.05(b)(2)(g)	8	Legal status including guardianship, legal system involvement, advance directives such as DPOA		☐	
805.05(b)(2)(h)(i)	9 (and 10)	Community participation including the client's need or expressed desire to access specific resources such as the library, educational programs, restaurants, shopping, medical providers and any other area identified by the client as being important to his/her life.		☐	
805.05(c)		**II.** Development of Care Plan			
805.05(c)	11	Initial Care Plan is developed within 20 working days of assignment	☐		
805.05(c)(1)	12	▪ Removed.			
805.05(c)(2)	13	▪ contains client-specific measurable objectives and goals with timeframes [review most current care plan]		☐	

Rule References He-E 805 [He-E 801 He-E 819]		**Requirement / Topic**	Timeliness	Quality / appropriateness	**Comments** (required for ratings of #1 and #3)
805.05(c)(3)(a),(b)and d (c) and 10-25 GM 5.14.10, and 10-30 GM 7.16.10, and 10-34 GM 7.30.10[11]	14 (and 15 and 33)	▪ contains all the services and supports based on the clients' needs in order to remain in the community and as identified in the comprehensive assessment and MED ▪ paid[12] services (identify) b) non-paid services (identify) c) enrolled in Medicare, Part D, if appropriate *(continued on next page)* d) maximize approved Medicaid state plan services before utilizing waiver services e) identify unfulfilled needs and gaps in services f) if pertinent, has there been consultation with an agency (community mental health center, area agency, etc) regarding diagnosis and treatment [evaluate most current care plan]		☐	
805.05(c)(3)(d) and (e)	16 (and 17)	Risks for abuse, neglect including self-neglect or exploitation and plan for mitigating existing risk(s) Issues identified via sentinel event reporting: • clients smoking while on oxygen • abuse (assaults) • medication abuse [evaluate most current care plan]		☐	

[11] Ensure that homemaker services (HCSP) are not actually personal care (HHCP) and that spouses are not providers
[12] Includes all paid services to be provided under Medicaid, including Medicaid state plan services, or other funding sources.

Rule References He-E 805 [He-E 801 He-E 819]		**Requirement / Topic**	Timeliness	Quality / appropriateness	**Comments** (required for ratings of #1 and #3)
805.05(c)(3)(f), 805.02(l)	18	Contingency plan; the plan that addresses unexpected situations that could jeopardize the client's health or welfare, and which: • identifies alternative staffing • addresses special evacuation needs)		☐	
805.05(c)(4)(a) and, 10-17 GM 4.14.10[13]	19	Care Plan is updated: • annually, and • in conjunction with annual MED redetermination [evaluate most current care plan]		☐	Date of care plan reviewed:
805.05(d)		**III.** Monitoring and Evaluation of Care Plan[14]			
805.05(d)(1)(a) and (b) 2009 CM Program Evaluation Summary Report	22 (and 21, 23, 32 and 38)	No less than one monthly telephone contact and one face-to-face contact every 60 days. *(continue on next page)* Contacts notes with the client, other providers, and/or family members, should be frequent enough to adequately address the client's needs including readiness for annual Medicaid redetermination; location and type of contact (phone, face-face) should be specified. Describe frequency of contacts and with whom.	☐	☐	
805.05(d)(2); and 805.04(f)(7) 10-25 GM 5.14.10[15]	24 (and 20, 27 and 35)	Services are adequate, appropriate, provided as evidenced by: ○ CM agency Care Plan (see ques. #14, 16, 18, 19) ○ CM agency contact notes required for each client ○ Progress notes that reflect areas contained in the care		☐	

[13] Annual redetermination of medical eligibility for the CFI program includes review of the client's needs and process to authorize services
[14] Current terminology: MED process includes development of "service plans" by BEAS Long Term Care Nurse; Case Management agencies develop "care plans"
[15] Per 10-25 GM 5.14.10 (05/14/10): CM must "document types and amount of: home health services, personal care, physical care, physical therapy, occupational therapy, speech therapy, adult medical day, private duty nursing

Rule References He-E 805 [He-E 801 He-E 819]		**Requirement / Topic**	Timeliness	Quality / appropriateness	**Comments** (required for ratings of #1 and #3)
		plan, including authorizations for new or changed services			
805.05(d)(3)	25	Participant is actively engaged in care plan – and case manager is making adequate and appropriate efforts to engage the participant (see contact and progress notes, e-mails and correspondence with clients and providers, notes re case specific meetings with providers)		☐	
805.05(d)(4)	26	Removed			
	28	Instrument misnumbered with #28 overlooked			
805.04		Provider Agency Requirements			
805.04(f) 10-25 GM 5.14.10		**IV. Case management agencies shall maintain an individual case record which includes**:			
805.04(f)(1)	29	Face sheet including current (updated annually with the Care Plan and MED (see #19)) demographic and other information: name, DOB, address, Medicaid #, emergency contact person, phone number, address.		☐	
805.04(f)(2)	n/a	Comprehensive assessment (see 805.05(b))			
805.04(f)(3)	n/a	Care plan (see 805.05(c))			
805.04(f)(4)	30	Current MED needs list/support plan		☐	
805.04(f)(5)	31	Removed			
805.04(f)(6)	34	Removed			
805.04(f)(8)		Contact notes (see 805.05(d)(1))			
Info only	36	Removed.			
Info only	37	Removed			
805.04(f)(10)	39	Removed			

Total questions: 21

General Observations
Include observations pertinent to the case reviewed that have not otherwise been captured by the questionnaire and that would be useful to record as evidence of best practice and/or evidence of challenges to providing effective, appropriate and quality care.

Program Evaluation Completed: Date:
Name:

Quality Management
Program Evaluation Reviewed: Date:
Name:

Original Filed: DCBCS Quality Management
Copy Filed: BEAS Quality Management

Reviewers Comments / Observations

Question		Reviewer Comments	
		Challenges/Concerns	**Positive practices**
I. Comprehensive Assessment			
1	Comprehensive assessment is conducted within 15 working days	○ New comprehensive assessment not completed when case opened after previous case closure when client admitted to NF for a couple of months	
2	Biopsychosocial history	○ Social/emotional, cognitive and pain assessment sections are partially completed	○ Very comprehensive
3	Functional ability, including ADLs and IADLs	○ Continence not addressed on *Functional Level Domain* page	
4	Living environment		
5	Social environment	○ Addressed though minimally	
6	Self-awareness		
7	Risk, including potential for abuse, neglect or exploitation by self or others	○ Risk for abuse, neglect not addressed; question if reason is due to client being in a residential care facility. ○ Not addressed (2)	*Fall Risk Evaluation* completed as part of Initial Assessment
8	Legal status	○ Not addressed	
9	Community participation	○ Not addressed	Documentation indicates client is very social in his apartment complex
10	Address in #9		
II. Development of Care Plan			
11	Initial Care plan is developed within 20 working days of assignment	○ Care plan completed close to 2 months after assessment completed	
12	Removed		

Question		Reviewer Comments	
		Challenges/Concerns	**Positive practices**
13	Care plan contains measurable objectives and goals with timeframes	○ Goals are well documented and updated but lack specific timeframes (10) ○ Goals are generic, not client-specific; timeframes are the dates of the next month's visit, or, are all the same (16) ○ Goals lack specific timeframes (4) ○ Goals are not client-specific and do not include timeframes (27) ○ Goals are generic; not client-specific (11) ○ Goals do not have measurable objectives (19) ○ There are brief notes for each problem area but no short term Interventions and Goals, and all timeframes are the same. ○ Client has multiple health issues with much provider involvement but no measurable goals / objectives (2) ○ Progress note indicate client fell frequently; no short-term goal to monitor/improve client's safety ○ Client's daughter/caregiver having surgery; short term goal/objective could have addressed caregiver backup plan.	○ Includes a couple of client-specific goals (4) ○ Includes specific timeframes (2) ○ Includes a few client-specific goals and with timeframes (5) ○ Excellent care plan *(Client-Centered Care Plan and Progress Notes*) with client-specific, measurable, short-term objectives and timeframes (4) ○ Client-specific goal re pursuing nursing home care was identified and achieved ○ Need of rolling walker included on care plan

Question		Reviewer Comments	
		Challenges/Concerns	**Positive practices**
14 (and 15 and 33)	Care plan contains all the services and supports based on the participants' needs in order to remain in the community and as identified in the comprehensive assessment and MED a) Paid services (identify) b) Non-paid services (identify) c) Enrolled in Medicare, Part D, if appropriate d) Maximize approved Medicaid state plan services e) Identify unfulfilled needs and gaps in services f) Consultation re diagnosis and treatment, if pertinent	○ No evidence of addressing client's isolation and desire to return to nursing home though these issues were mentioned frequently ○ Care plan does not include all services; reviewer identified services from service authorizations (3) ○ Progress notes indicate client had poor dentition but nothing on care plan to address dental care. Care Plan states there are "no unmet needs." ○ Comprehensive assessment indicated mental health needs and desire for outside socialization but they were not addressed in the care plan	○ Example of detailed care plan with client-specific goals: ▪ cockroach problem in client's building, ▪ arrangements for swimming membership to help with symptom relief ○ *Client-Centered Care Plan and Progress Notes* includes list of contacts with and re client ○ CM worked with client to locate vet that would work with client re client's cats health care in light of client's financial challenges ○ CM pursues need for DPOA at every home visit even though client is resistant ○ CM noted duplication of services among three provider agencies
15	Addressed in #14		
16 (and 17)	Risks for abuse, neglect including self-neglect or exploitation and plan for mitigating existing risk(s)	○ Client is at risk of eviction and has been before yet no discussion of money management. ○ Not addressed (12) ○ Fall risk is noted but risk of abuse, neglect, self-neglect, and/or exploitation is not addressed (2) ○ Only "Y" was checked to indicate risk was assessed; no description	○ APS involvement well-documented ○ Referral to APS made when client left hospital AMA ○ Documentation of assessment in record (2) ○ Risks are clearly outlined (2) ○ Self-neglect is assessed ○ Noted risk for medication abuse

Question		Reviewer Comments	
		Challenges/Concerns	**Positive practices**
		or outcome provided o Not addressed though progress notes indicate two issues: 1. client's roommate is exploiting her, and 2. client is misusing her medications.	o Minimally addressed but *Fall Risk Evaluation* completed
17	Addressed in #16		
18	Contingency plan addresses unexpected situations, identifies alternative staffing and special evacuation needs	o Contingency plan is client's son but plan does not specify what he will do o Client's family is backup but they work during day while client is left alone in wheelchair and with PERS which he doesn't often wear o Not addressed other than client able to self-evacuate from apartment o Plan indicates client to follow congregate housing procedures (call 911 and put wet towel under door); client in wheelchair and would need assistance as there are stairs at every exit; no indication that CM is working toward relocating client to safer housing o States "has hard wire fire alarms" but does not include plan for emergency evacuation plan o Client's roommate to provide assistance but plan does not	o Contingency plan well documented (6) o Client is never left alone however he requires electricity for wheelchair, door opener. CM to inquire about generator but nothing in record whether there was any followup and progress o Residential facility's emergency plan in case record o Very specific facility evacuation plan includes primary evacuation site and secondary emergency shelter if needed o *Demographic Information* form includes emergency and back-up plans o Plan is very well thought out and comprehensive

Question		Reviewer Comments	
		Challenges/Concerns	**Positive practices**
		address emergency situations which is concerning as client has multiple, serious health problems o Client on oxygen, is fall risk but no mention of informing power company and fire department o Client lives on 2nd floor, has mobility, vision & hearing deficits; daughter, on 1st floor, identified as emergency back-up but also noted that she is no longer capable of providing care for her mother due to her own health issues thus would not be a good choice for emergency back-up responsibilities. o Client lives alone; is dependent on daughter who lives next door. No plan other than calling 911using cell phone if daughter not home; no landline so no PERS. o Not addressed (4) o Res. care did not identify evacuation plan; plan is only that staff are available at all times o No current, viable contingency plan and the client's condition is deteriorating o Res. care evacuation plan not addressed or included o Client resides w/mother and	

Question		Reviewer Comments	
		Challenges/Concerns	**Positive practices**
		brother who provide most of his care; mother is ill and may not be able to continue as caregiver. No evidence of plans to ensure client's continuity of care. o Contingency plan states that if girlfriend (who is PCSP) is not available, client would need to find another person. No further info. o Contingency plan is boyfriend; not comprehensive enough o Roommate was part-time PCSP who was exploiting client and has moved out. Client has mobility problems but assumed to be able to self-evacuate.	
19	Care plan is updated: annually, and in conjunction w/annual MED		
20	Addressed in #24		
21	Addressed in #22		
III. Monitoring and Evaluation of Care Plan			
22 (and 21, 23, 32 and 38)	No less than 1 monthly telephone contact and 1 face-to-face contact every 60 days	o Telephone contacts are always with client's daughter (mother's PCSP) and not with client (concern); home visits however include both client and daughter (positive practice) o Documentation is the same for each visit o Phone contacts are consistently	o Contacts appear to be occur weekly o Monthly home visits and frequent phone calls o Contacts meet standards o Very involved case; "great documentation" o CM has done a lot to make sure PCSP shows up and medical

Question		Reviewer Comments	
		Challenges/Concerns	**Positive practices**
		with residential care staff and not with client	equipment is working o Telephone contacts are always with client's daughter (mother's PCSP) and not with client (concern); home visits however include both client and daughter (positive practice) o CM made many home visits due to severity of client's condition (rated 3) o CM met with client every month; spoke to assisted living staff every other month
23	Addressed in #22		
24 (and 20, 27 and 35)	Services are adequate, appropriate, provided as evidenced by: • CM agency Care Plan • CM agency contact notes • Progress notes	• No mention of back-up or support for daughter who is PCSP and provides for all IADLs and ADLs • The original assessment and care plan indicated client had dementia though it is not clear if client had been diagnosed or received any medical followup. Subsequent care plans and contact notes do not address dementia. • Client is noted to be independent re ADLs and medication administration; question whether services should be reduced	• Regular contact with service providers • CM very proactive is seeking non-waiver services • There was evidence of services being adjusted as needed (2)

Question		Reviewer Comments	
		Challenges/Concerns	**Positive practices**
25	Participant is actively engaged in Care Plan	○ No evidence of engagement of client in residential care facility	○ CM attempts to engage client in spite of client's memory problems which prevent her active participation ○ As much as client could participate due to dementia ○ Monthly notes document client's participation and CM's encouragement for client to move ○ Evidence of CM encouraging client to set positive goals (college, voc rehab, etc.) ○ Client contacts CM almost daily ○ Client's guardian is also actively engaged ○ Evidence of client being very involved (2) ○ Evidence of client making requests of CM follows through as appropriate ○ Client and niece are present at every home visit; client very vocal re what he needs ○ Client very involved in her care plan; obvious that CM respects her independence ○ Client has advanced dementia but CM continues to include her in conversations every month
26	Removed		

Question		Reviewer Comments	
		Challenges/Concerns	**Positive practices**
27	Addressed in #24		
28	Error in numbering		
IV. Provider Agency Requirements / Individual Case Records			
29	Face sheet		
30	Current MED needs list / support plan		
31	Removed		
32	Addressed in question #22		
33	Addressed in question #14		
34	Removed		
35	Addressed in question #24		
36	Removed		
37	Removed		
38	Removed		
39	Removed		

General Observations	
Challenges / Concerns	**Positive practices**
Service Needs Assessment includes payment source but lacks specific timeframes	Client's living condition is a concern. CM is working with client regarding moving; and risks are well documented
Client-Centered Care Plan and Progress Note "F/U Date" entered as the date of the next formal visit rather than specific timeframe(s); list of Long Term goals is generic	*Caregiver Burden Interview* form completed as part of Initial Assessment (2007)
Homebound client appears to be lonely and wishes to return to the nursing home or adult day services; opportunities for socialization not identified or arranged for	Reviewer was struck by the complexity of the case and how the CM supported the family which seemed to be experiencing a lot of financial difficulties.
Nothing noted on *Client Centered Care Plan and Progress Note* re risk of abuse/neglect/self-neglect/exploitation though LT Goal list includes: evidence of abuse/neglect/exploitation and/or hazardous environment will be reported to appropriate agency/ies.	Care plan is well documented with needs and services. There is also a summary of all contacts throughout the month; it is easy to see the course of treatment.
No mention of back-up or support for daughter who is PCSP and provides for all IADLs and ADLs	CM is doing a great job dealing with a difficult and potentially dangerous client
Missed opportunity to establish measurable care plan goal re client who wants to learn to drive	Narratives on some care plans are informative, show what services are needed and how the clients are progressing.
Contingency planning inadequate: client lives on 2nd floor, has mobility, vision & hearing deficits. Daughter, on 1st floor, identified as emergency back-up but also noted that she is no longer capable of providing care for her mother due to her own health issues thus would not be a good choice for emergency back-up responsibilities.	This case exhibits a holistic approach to case management. The CM has documented the client's hospitalizations, followup activity related to them and how problems were resolved.
Would expect daughter, who is both DPOA and PCSP would be offered caregiver support, a second PCSP in addition to respite which was offered	Documentation is very thorough providing a good picture of client's status.
Goals are relatively generic versus client specific. There are no measurable objectives or timeframes. Suggested objectives with timeframes: o Daughter will fill medi planner on weekly basis o Spouse to assist client daily re medication self-administration	Example of client specific objective: problem was that client felt sleepy all the time; objective was for client to participate more in activities with one task being to follow up with doctor.

General Observations	
Challenges / Concerns	**Positive practices**
○ CM to meet with family (bi-weekly) re pharmacy providing medication services: target: three months to identify/enroll provider ○ Client to remain out of the hospital / decubiti free with the assistance of home care services: target: six months	

CMS (1915c) Waiver Assurances and Subassurances		
Assurances	**Subassurances**	
Level of Care	Persons enrolled in the waiver have needs consistent with an institutional level of care	
	Subassurances	a. An evaluation for Level of Care (LOC) is provided to all applicants for whom there is reasonable indication that services may be needed in the future
		b. The levels of care of enrolled participants are re-evaluated at least annually or as specified in the approved waiver
		c. The processes and instruments described in the approved waiver are applied appropriately and according to the approved description to determine participant level of care
Service Plan	Participants have a service plan that is appropriate to their needs and that they receive the services/supports specified in the plan	
	Subassurances	a. Service plans address all participants' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means
		b. The state monitors service plan development in accordance with its policies and procedures
		c. Service plans are updated / revised at least annually or when warranted by changes in the waiver participant's needs.
		d. Services are delivered in accordance with the service plan, including type, scope, amount, duration, and frequency specified in the service plan
		e. Participants are afforded choice: e.1. between waiver services and institutional care e.2. between / among waiver services, and e.3. providers

CMS (1915c) Waiver Assurances and Subassurances		
Assurances	**Subassurances**	
Qualified Providers	Waiver providers are qualified to deliver services / supports	
	Subassurances	a. The state verifies that providers, initially and continually, meet required licensure and / or certification standards and adhere to other standards prior to their furnishing waiver services
		b. The state monitors non-licensed / non-certified providers to assure adherence to waiver requirements
		c. The state implements its policies and procedures for verifying that provider training is conducted in accordance with state requirements and the approved waiver.
Health and Welfare	Participants' health and welfare are safeguarded and monitored	
	Subassurance	The state, on an ongoing basis, identifies, addresses and seeks to prevent the occurrence of abuse, neglect and exploitation.
Financial Accountability	Claims for waiver services are paid according to state payment methodologies	
	Subassurance	State financial oversight exists to assure that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver.
Administrative Authority	The State Medicaid agency is involved in the oversight of the waiver and is ultimately responsible for all facets of the program.	
	Subassurance	The Medicaid Agency retains ultimate administrative authority and responsibility for the operation of the waiver program by exercising oversight of the performance of waiver functions by other state and local / regional non-state agencies (if appropriate) and contracted entities.

Abbreviations

Abbreviation	Terminology
ADL	Activities of Daily Living
BEAS	Bureau of Elderly and Adult Services
CFI	Choices for independence program, formerly known as the Home and Community Based Care Services – Elderly and chronically Ill Waiver Program (HCBC-ECI)
CM	Case Management or Case Manager
CMS	Center for Medicare and Medicaid Services
CY	Calendar Year
DCBCS	Division of Community Based Care Services
DPOA	Durable Power of Attorney
HCBC – ECI	Home and Community Based Care Services – Elderly and Chronically Ill Waiver Program renamed the Choices for Independence program (CFI)
IADL	Instrumental Activities of Daily Living
LCI	Life Coping, Inc.
LOC	Level of Care
NF	Nursing Facility
PCP	Primary Care Physician
PCA	Personal Care Attendant
PCSP	Personal Care Service Provider
PES	Participant Experience Survey
POC	Plan of Care
SFY	State Fiscal Year